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ABSTRACT

Suicide and deviance are related because loss in social interaction is a consequence of deviance and an antecedent to suicide. This study examined the cognitive and affective experiences of suicidal individuals for evidence of neurosis. Sixty young attempted suicides with a history of a serious suicidal attempts attending the suicide prevention clinic at the Government Rajaji Hospital in India and 60 matched normal and neurotic controls were subjects in a study of their neurotic reaction patterns and aspiration levels. The results indicated the attempters shared with their non-suicidal neurotics features like tension, feelings of insecurity, and a high sickness frequency rate, but clearly differed in their conviction that they fail at everything they do and their goals are unattainable. The normals exhibited greater strivings for success and made adequate adjustments both to success and failure, while the neurotics were more rigid and continued to keep the high goal level regardless of success or failure, acting on ego frames of reference. The suicide attempters set out with goals that were unattainable. This led to a series of failures followed by a state of hopelessness with concomitant feelings of futility, impossibility, dejection, despair and a total lack of aspirational meaning in life, a condition which Frankl termed no ogentic neurosis which accounts for 20 percent of the population today. (Author/ABL)

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# SUICIDE NEUROSIS - A STUDY OF SIXTY YOUNG SUICIDE ATTEMPTERS

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## ABSTRACT

Sixty attempted suicides with history of a serious suicidal attempt and sixty matched normal and neurotic controls were submitted for a study of their neurotic reaction patterns and aspiration levels. The findings are as follows:

The attempters shared with their non suicidal neurotics features like tension, feelings of insecurity and high sickness frequency rate but clearly differed in their conviction that they fail in everything they do and their goals are unattainable. As regards their reactions to success or failure, the normals exhibited greater strivings for success, made adequate adjustments both to success and failure but the neurotics were more rigid and continued to keep the high goal level regardless of success or failure acting on ego frames of reference.

The suicide attempters set out with goals that are unattainable. This led to a series of failures followed by a state of hopelessness with concomitant feelings of futility , impossibility, dejection, despair and a total lack of aspirational meaning in life - a condition which Frankl termed nō ōgenic neurosis which accounts for 20% of the population of today.

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# SUICIDE NEUROSIS-A STUDY OF SIXTY YOUNG SUICIDE ATTEMPTERS

R. RAWLIN CHINNIAN* AND SHELONITDA JOHNSON**

Suicide and deviance are related because loss in social interaction is a consequence of deviance and an antecedent to suicide (Rushing W.A.1969). Self destructive act, according to Gazullo et al (1968) is the last psychopathologic manifestation of a deeply disturbed personality. Many studies indicated that suicide attempters displayed significantly more psychopathology, nervousness, affective lability, insecurity, depression and high sickness frequency rate (Connor et al 1973, Liebnes, K, 1969), traits which have a high factor saturation on the neuroticism dimension put forward by Eysenck (Eysenck H.J. 1947). If this is so, the suicide attempters should score high on any inventory that measures neuroticism. Studies have shown that the suicide attempters secured significantly higher score than their non suicidal counterparts in the 'N' scale of the Eysenck personality inventory and that most suicide attempters suffered from a neurosis (White H.C., 1974).

The question now is whether the attempters as a group suffer from a neurosis which is uniquely different from the common psychoneurotic conditions discussed in psychiatric literature. The clinical picture of Ringel's

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presuicidal syndrome though does not correspond to any formal psychiatric disorder, consists of 'an absolutely neurotic way of forming one's life, which, if not interrupted leads to suicide'. He termed this condition as lethal neurosis (Ringel E, 1973). Therefore, it is hoped that a phenomenological analysis of the cognitive and affective experiences of the suicidal individuals might produce evidence for the existence of such a neurosis.

## MATERIALS AND METHOD

Sixty attempted suicides with a history of serious suicidal attempts attending the suicide prevention clinic, Government Rajaji Hospital, formed the subjects of the study. They were taken for the study within a week after the attempt and after ascertaining from the attending physician, the seriousness of the attempt. There were an equal number of males and females in each group and the mean age was around 20-21 for all the groups. Regarding their educational standards, only those who have completed standard IX and above were taken. All the subjects were administered the standardized vernacular version of the Eysenck Personality Inventory (Abraham A et al 1977) and the 'N' scores obtained were submitted for an one way analysis of variance and 't' test of statistical significance. A phenomenological analysis was carried out to know the nature

and type of neurotic reaction patterns, if any, that could be delineated.

In addition the subjects were assigned a level of aspiration task to study their goal setting pattern and their reaction to successes and failures, which, it is expected, would provide further insight into the personality, particularly the neurotic reaction patterns of these individuals. For this purpose Rotter's level of aspiration board was used.

## RESULTS

Since the results indicated no significant difference in scores between males and females, the groups were treated as a whole for further analyses.

Table 1. Neuroticism scores in male and female suicide attempters.

| | Mean | SD | 't' | 'p' |
|---|---|---|---|---|
| Males | 12.50 | 4.56 | 0.72 | N.S. |
| Females | 11.67 | 4.07 | (df:58) | |

Table 2. Neuroticism scores in normal males and normal females

| | Mean | SD | 't' | 'p' |
|---|---|---|---|---|
| Males | 6.40 | 2.65 | 0.30 | N.S. |
| Females | 6.60 | 2.54 | (df.58) | |

Table 3. Neuroticism scores in male and female neurotics

| | Mean | SD | 't' | 'p' |
|---|---|---|---|---|
| Males | 15.40 | 4.10 | 0.77 | N.S. |
| Females | 14.70 | 2.69 | (df:58) | |

Table 4. Goal discrepancy scores in male and female suicide attempters

| | Mean | SD | 't' | 'p' |
|---|---|---|---|---|
| Males | 8.80 | 2.68 | 1.07 | N.S. |
| Females | 8.10 | 2.22 | (df:58) | |

Table 5. Goal discrepancy scores in normal males and females.

| | Mean | SD | 't' | 'p' |
|---|---|---|---|---|
| Males | 4.37 | 1.79 | 1.28 | N.S. |
| Females | 3.83 | 1.39 | (df:58) | |

Table 6. Goal discrepancy scores in male and female neurotics

| | Mean | SD | 't' | 'p' |
|---|---|---|---|---|
| Males | 6.59 | 1.16 | 1.33 | N.S. |
| Females | 6.09 | 1.68 | (df:58) | |

Analysis of variance data indicated significant difference in neuroticism and goal discrepancy scores between the groups. Further analysis with 't' test revealed the suicide attempters to be significantly more neurotic with greater goal discrepancy than the normals. Their neuroticism score, however, was less than that of the neurotics. With regards to goal discrepancy, the difference between them and the neurotics was not significant. Significant differences, however, were seen in the pattern analysis, in that, the suicide attempters were characterized by predominantly confused breakdown pattern with greater number of unusual shifts and neurotics by a very high positive pattern and normals by a medium positive pattern.

Table 7. Analysis of variance of Neuroticism scores in sucide attempters, normals and neurotics.

| Source | Sum Squares | Degree of freedom | Mean sum of squares | 'F' | Level of Significance |
|---|---|---|---|---|---|
| Total | 4260.73 | 179 | | | |
| Between groups | 2240.55 | 2 | 1120.28 | 98.09 | 0.01 |
| Error | 2020.18 | 177 | 11.42 | | |

Table 8. Neuroticism scores in suicide attempters and normals

| | Mean | SD | 't' | 'p' |
|---|---|---|---|---|
| Suicide attempters | 12.08 | 4.33 | 7.88 | 0.01 |
| Normals | 6.67 | 3.01 | (df:118) | |

Table 9. Neuroticism scores in suicide attempters and neurotics

| | Mean | SD | 't' | 'p' |
|---|---|---|---|---|
| Suicide attempters | 12.08 | 4.33 | 3.73 | 0.01 |
| Neurotics | 14.85 | 3.62 | (df:118) | |

Table 10. Analysis of variance of goal discrepancy scores for suicide attempters, neurotics and normals.

| Source | Sum of squares | Degrees of freedom | Mean sum of squares | 'F' | Level of Significance |
|---|---|---|---|---|---|
| Total | 628.17 | 179 | | | |
| Between groups | 159.96 | 2 | 79.98 | 30.41 | 0.01 |
| Error | 468.21 | 177 | | | |

Table 11. Goal discrepancy scores in suicide attempters & Normals

| | Mean | SD | 't' | 'p' |
|---|---|---|---|---|
| Suicide attempters | 5.75 | 1.68 | 5.43 | 0.01 |
| Normals | 4.10 | 1.63 | (df:118) | |

Table 12. Goal discrepancy scores of suicide attempters and neurotics

| | Mean | SD | 't' | 'p' |
|---|---|---|---|---|
| Suicide attempters | 5.75 | 1.68 | 1.47 | N.S. |
| Neurotics | 6.30 | 1.64 | (df:118) | |

Table 13. Patterns and mean unusual shifts in suicide attempters normals, and neurotics.

| Patterns | Suicide attempters | Normals | Neurotics |
|---|---|---|---|
| Low positive | 2 | 14 | Nil |
| Medium positive | 4 | 34 | 14 |
| Very high positive | 18 | 8 | 31 |
| High negative | Nil | Nil | 1 |
| Rigid | 6 | 2 | 7 |
| Confused breakdown | 30 | 1 | 7 |
| Mean unusual shifts | 3.20 | 0.70 | 1.50 |

A phenomenological analysis revealed that while the attempters shared with the non suicidal neurotics the following features, namely, tension, feelings of insecurity and high sickness frequency rate, they clearly differed from them with respect to the following, namely, and impression bordering on a sort of conviction that they fail in everything they do, that they are children of misfortune, a feeling that nothing will turn out well for them and that all their goals are unattainable. This became very evident in their behaviour in the level of aspiration task.

"Icarus flew too near the Sun in Wings of wax;
they melted and he fell into the sea"

Christopher Marlowe in Dr.Faustus -

So did the suicide attempters. They set out with very ambitious but unattainable goals and soon fell into a sea of despair and meaninglessness since they seldom succeeded. To start with, they were more like the neurotic controls-ambitious and unrealistic, their performance on Rotter's board showing a greater discrepancy between their actual achievement and their own estimate of what they will achieve next. This, therefore, resulted in a higher goal discrepancy score for both attempted suicides and the neurotics. The normals, on

the other hand, were moderately ambitious and realistic in their approach. This, therefore, resulted in significantly lower goal discrepancy scores compared to the neurotics and attempted suicides.

As regards their reactions to success or failure the three groups manifested behaviour patterns which are unique to themselves. The normals, though exhibited greater strivings for success, made adequate adjustments to both successes and failures in order to conform to the reality of the situation. But the neurotics, on the other hand, were more rigid and continued to keep the high goal level regardless of success or failure acting merely on ego frames of reference. In the case of the attempted suicides, since they set out with goals that are unattainable, a succession of failures followed which led to a state of hopelessness with concomitant feelings of futility, impossibility, dejection and despair. Helplessness, despair, powerlessness to change the course of events and a shattered ego level and absence of involvement were all evident in their behaviour as the attempted suicides fell into a 'confused breakdown pattern', marked by poor judgement, erratic shooting and increased number of unusual shifts. At this point the patients were just groping in the dark without any definite role or goal

to follow. At this stage the patients were seen making spontaneous remarks like" I don't see any reason to go on; I am just drifting--not getting anywhere" which reflected their lack of aspirational meaning in life. They set off with very high norms and ended up in a state of normlessness.

DISCUSSION

Adler maintained with complete confidence that suicide is essentially another manifestation of the neurotic disposition, of a neurotic styles of life. Ringel points out that there is a type of neurotic development which specifically tends toward suicide-a suicidal neurosis which is responsible for approximately a quarter to a third of all cases of actual suicide. In all these cases a decidedly neurotic mode of life replaces the classical neurotic symptoms. This mode of life according to Ringel is based on three neurotic factors: (i) a basically discouraged neurotic attitude (ii) certain recurring neurotic pattern of behaviour and neurotic emotional transference and (iii) the impact of these leading to a series of similar, if not identical experience and situations. The consistent application of these definitely neurotic mechanisms results in a series of disappointments and failures which may be termed as a

neurotic distortion. The result is the painful impression that they cannot experience anything new because the same negative patterns keep recurring; a phenomenon that easily leads to a feeling of despair bringing them closer to suicide (Ringel E, 1972).

The experience of these sixty attempters which almost correspond to Ringel's conceptualization of a suicide neurosis, in the ultimate analysis turned out to be an existential neurosis that springs out of a mind lost in a sea of meaninglessness characterized by despair, despondency, uncertainity of purpose, an inner void and meaninglessness of life, which according to Frankl is a nöogenic neurosis that accounts for 20% of the general population of today (Frankl VE 1967).

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